

Model Memorandum of Understanding for a Health Sciences, Hospital/System or Medical Library for Emergency Preparedness Support

This Memorandum of Understanding (MOU) is a mutual aid agreement and a totally voluntary program between cooperating ‘partner’ libraries.

Purpose:

The purpose of the MOU is to establish a working relationship between hospital or health system ‘partner’ libraries as follows:

and

It provides an agreement to assist the partner library in one or more ways during a disaster which “exceeds the effective response capability of the impacted health care facility or facilities,” or in the event of local power, electronic systems, or communications outages which impact upon the partner library’s ability to provide needed and/or essential information for its users, clients and patrons. It outlines the ways personnel, services and communications can be conducted in time of emergencies. The cooperation of the “partner/buddy” libraries is considered a best practice, and for hospital libraries is recommended by JCAHO standard, IM.5.10 and EC.4.10.15.

Modifications/Severance:

This MOU provides flexibility for changing the parameters of mutual aid or the ability to discontinue partnership at any time. It is for this reason this model recommends that a library have more than one partner library in the event of a disaster and that partner libraries have one library at a minimum that is geographically disparate and/or distinct from the partner.

Definition of a Disaster:

A disaster is an occurrence such as a hurricane, tornado, storm, flood, high water, wind-driven water, tidal wave, earthquake, drought, blizzard, pestilence, famine, fire, explosion, building collapse, transportation wreck, terrorist event, bioterrorist event, pandemic, power failure or other similar natural or man-made incident(s) that causes human suffering or creates human needs that require assistance of hospitals, healthcare personnel as well as the support of libraries in aid of hospitals, healthcare personnel, first responders or public health personnel.

Other events covered by this agreement include power, telephone and electronic systems outages in the partner institution.

The following outlines the services, personnel and support agreed upon by partner libraries during a disaster or other covered event as well as protocols and cost recovery.

Method of Cooperation:

On a biannual basis the cooperating libraries will communicate to update each library about any mutual developments related to this MOU. Both libraries will review contact information and agreed upon services and make modifications as needed in writing. In the event a particular need is previously unforeseen, partner libraries may amend this MOU and document changes on the MOU at the earliest possible convenience.

Responsibilities of the Library Partners:

- **Activation/Warning/Communications:**

The following items should be completed as agreed to by the partner libraries and detailed below and/or with an attached Addenda (if more space is needed).

Determine how and when to request activation of support during a disaster or if there is a need to advise a partner there may be a need to activate, depending upon weather or other warning systems.

Who to contact: (include staff tree, names, titles and/or alternates.)

How to contact: (include phone tree, cell phones, addresses, fax, email and indication of home or office information.)

In instances of telephone service interruption, establish preferred backup activation plan.

- **Services Offered** (Check all that apply and specify definitions, parameters or limits if any on attached page.)

☐ Interlibrary Loan (specify methods): _____

☐ Reference/Research ☐ Database or Literature Searches ☐ Consultation ☐ Bibliographies

☐ Retention/copies of the following:

☐ OPAC (Online Public Access Catalog) Back-up

☐ Insurance Policy

☐ Emergency Plan and/or Disaster Recovery Plan

☐ Other: _____

☐ Other: _____

☐ Other: _____

☐ Other: _____

- **Cost Recovery:**

Partnering libraries agree that overhead costs such as personnel, telephones, Internet lines or other similar items will not be reimbursed. Direct out-of-pocket costs will be reimbursed by partner libraries. Costs under one hundred dollars (\$100) can be made on behalf of the partner library. Costs over one hundred dollars (\$100) should receive prior authorization first from the partner library before incurring the expense. Expenses that are considered direct out-of-pocket costs are courier, database searches (if vendor bills on a per search or time basis), document delivery, other:

- **Record Keeping:**

A tracking system for costs incurred should be maintained by the cooperating library with date, cost, description of service and receipt or invoice and name of requestor. As soon as is possible after the end of the precipitating disaster or other covered incident, the cooperating library will invoice the partner for these expenses. If the incident lasts longer than one week, the cooperating library may invoice periodically until the incident has ended.

Authorized Signatures

The undersigned are authorized to agree to this MOU on behalf of their Library. All rights reserved by each library providing copies and/or records. No part of any resource may be reproduced in any form without the prior written permission of the owner, except in instances where an archival or backup copy of an item is placed on another network for the purposes of this MOU. The undersigned libraries are not responsible for any errors, or any consequences caused as a result of the use, storage or services provided via this MOU. This MOU is provided with the understanding that the libraries are not engaged in rendering any legal, accounting or other professional services and shall not be held liable for any circumstances arising out of this voluntary program or the MOU. If legal advice or other expert assistance is required, the services of a competent professional should be sought.

Library Director Authorized Signature – Partner Library ‘A’:	Library Director Authorized Signature - Partner Library ‘B’:
_____	_____
Print name: _____	Print name: _____
Title: _____	Title: _____
Library: _____	Library: _____
Institution: _____	Institution: _____
Address: _____	Address: _____
Date: _____	Date: _____

Other Authorized Institutional Signature Partner Library 'A': (As needed)	Other Authorized Institutional Signature Partner Library 'B': (As needed)
<hr/>	<hr/>
Print name: _____	Print name: _____
Title: _____	Title: _____
Library: _____	Library: _____
Institution: _____	Institution: _____
Address: _____	Address: _____
Date: _____	Date: _____

Endorsed by the Health Sciences Library Association of New Jersey, October 19, 2005.

*(Developed jointly by New Jersey Hospital Association, J. Harold Johnston Memorial Library, Michelle Volesko
Brewer and Hackensack University Medical Center Medical Library, Barbara S. Reich. Edition 1, October 14, 2005.
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